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CONFIRMATION NO. 4941

<b>SERIAL NUMBER</b> 10/691,270	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 222	<b>GROUP ART UNIT</b> 3754	<b>ATTORNEY DOCKET NO.</b> INSC-138.1
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**APPLICANTS**  
 Daniel Py, Stamford, CT;  
 Norbert M. Assion, Shelton, CT;  
 Julian V. Chan, Spring Valley, NY;  
 Joseph M. Ting, Sudbury, MA;

**\*\* CONTINUING DATA \*\*\*\*\*** *yes*  
 This application is a CIP of 10/001,745 10/23/2001 PAT 6,761,286 which claims benefit of 60/242,595 10/23/2000 and claims benefit of 60/242,974 10/24/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *wave* *MAC 6/10/07*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MAC</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 9
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**ADDRESS**  
 McCarter & English, LLP  
 CityPlace I  
 185 Asylum Street  
 Hartford, CT 06103

**TITLE**  
 Ophthalmic dispenser and associated method

<b>FILING FEE RECEIVED</b> 1297	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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